

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

04-05

2. STATE

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 21, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 441.57; Section 1905 of the Act; Section 6403 of
OBRA 1989; and CFR 440.70**

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 0
b. FFY 2005 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 4.b., Page 7
Page 8
Page 8a
Attachment 3.1-A, Item 7, Page 2
Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Same (TN 95-09)
Same (TN 00-12)
None (New Page)
Same (TN 97-22)
Same (TN 95-14)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to clarify provisions for the EPSDT Extended and/or Multiple Daily Skilled Nursing Visits for medically fragile children by moving the language from home health to EPSDT and to revise the service limit provision for EPSDT Personal Care Services.**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Frederick P. Cerise

13. TYPED NAME:

Frederick P. Cerise, M.D., M.P.H.

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 29, 2004

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

31 MARCH 2004

18. DATE APPROVED:

10 JUNE 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

21 FEBRUARY 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Andrew A. Fredrickson

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

Pen + Ink Change Per State's E-mail dated 5/27/04.

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS

Medical and Remedial Care and Services
Item 4.b. EPSDT Services (contd.)

- r. Personal comfort items, durable medical equipment, oxygen, or orthotic appliances or prosthetic devices;
- s. Drugs provided through the Louisiana Medicaid Pharmacy Program;
- t. Laboratory services; and
- u. Social Worker visits.

6. Standards for Payment

- a. EPSDT Personal Care Services shall be authorized only when provided to EPSDT eligibles and only by a staff member of a licensed Personal Care Services agency enrolled as a Medicaid provider. A copy of the current PCS license must accompany the Medicaid application for enrollment as a PCS provider and additional copies of current licenses shall be submitted to Provider Enrollment thereafter as they are issued, for inclusion in the enrollment record. The provider's enrollment record must at all times include a current PCS license. Enrollment is limited to providers in Louisiana and out-of-state providers only in trade areas of states bordering Louisiana (Arkansas, Mississippi, and Texas).
- b. The unit of service billed by EPSDT PCS providers shall be one-half hour, exclusive of travel time to arrive at the recipient's home. The majority (25 minutes) of the unit of time shall have been spent providing services in order to bill a unit.
- c. EPSDT personal care services are not subject to service limits. The units of service approved shall be based on the physical requirements of the recipient and medical necessity for the covered services in the EPSDT-PCS Program.

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-31-04</u>	
DATE APPV'D <u>6-10-04</u>	
DATE EFF <u>2-21-04</u>	
HCFA 179 <u>04-05</u>	

RECEDES-TN- 95-09

TN# 04-05

Supersedes

TN# 95-09

Approval Date 6-10-04

Effective Date 2-21-04

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS

Medical and Remedial Care and Services

Item 4.b., EPSDT Services (cont'd)

Chiropractors

A chiropractic care service is defined by the Medicaid Program as a medically necessary manual manipulation of the spine performed on one to three areas of the spine.

Service Limitations and Prior Authorization

Recipients five through twenty years of age may receive chiropractic services for a maximum of twelve different dates of service per fiscal year without prior authorization when the service is provided as a result of a referral from an EPSDT medical screening provider. Reimbursement for the thirteenth and subsequent dates of service shall pend for medical review and shall be paid only if provided as the result of a referral from an EPSDT medical screening provider.

Recipients from birth through four years of age are eligible to receive chiropractic care services only if each date of service is prior authorized by the fiscal intermediary. Requests to treat a child under four years of age must be received and prior authorized before the first treatment is administered. Claims for dates of service prior to the authorization date will not be considered for payment.

Procedure Codes

1. PT physical medicine code 97260 one unit per day.
2. PT physical medicine code 97261 two units per day.

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THIS PROCESSES TN# 00-12

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